

CLAIMS ONLY							Application Number <b>10/709416</b>		Filing Date	
							Applicant(s) <b>1</b>			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <b>5-4-21</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<b>5</b>						Total Indep			
Total Depend	<b>16</b>						Total Depend			
Total Claims	<b>21</b>						Total Claims			